Iowa State Innovation Model
Healthcare Innovation and Visioning Roundtable

June 20, 2018 9:00 am – 11:00 am

Greater Des Moines Botanical Garden

Room/Location: DuPont East
909 Robert D. Ray Drive, Des Moines, IA 50309

Meeting Minutes

9:00 – 9:10am: Welcome, Introductions and Purpose of Meeting

Jerry Foxhoven, Director, Iowa Department of Human Services, opened the meeting and welcomed participants to the Roundtable meeting. Director Foxhoven invited Roundtable participants to briefly introduce themselves; members introduced themselves to group. Director Foxhoven reiterating the purpose of the Roundtable, highlighting the need for transformation in delivery and financing of healthcare, and shared today's meeting objective for focusing on progress made by the Healthy Communities workgroup and Data Sharing and Use Workgroup. Director Foxhoven highlighted expectations for the workgroups that would be addressed later in the meeting.

9:10 – 9:20am: Refresher on Roundtable Work and Progress Toward Recommendations

Lori Coyner, Managing Principal, Health Management Associates, facilitated a review of the accomplishments from previous roundtable meetings, including development of a vision and identification of emerging and prominent themes related to sustainable health care transformation in Iowa's health care system. Ms. Coyner reiterated the task of developing a set of recommendations to be presented to Governor Reynolds Reynolds in September 2018 with recommendations for sustainably transforming Iowa's health care system. She reviewed the establishment of workgroups charged with assisting in the development of recommendation to build an improved and sustainable health care system in Iowa.

9:20 – 10:30am: Recap of Workgroup Progress and Discussion

Healthy Communities Workgroup: Pam Halverson reported out on progress of this workgroup. The workgroup has considered the three or four items that define a Healthy Community, as well as who within the community are partners, influencers, providers and payers. The workgroup has determined a Health Community should focus on the high need population – and a potential tool for providers to establish commonality and reduce variability in our strategies to identify, prioritize and take action on the population. Access is for both the health care setting and needs related to social determinants of health. –Roundtable members commented that the workgroup's approach was great place to start and that progress is an affirmation of SIM work conducted to-date. Questions were raised as to whether the effort should focus on 5% of the high-need population or expand to 20%; workgroup wanted to expand to 20% thought there is more impact opportunity in the 5% – 20% range. National Governors

Association (NGA) representatives shared other states perspective on targeting population. Other discussion addressed how to define high need emergency department utilizers, and highlighted that this is an area where a common strategy, a single statewide tool would help. Other discussion highlighted other tools considered by the workgroup. Iowa has ADRCs which is mandated but not funded, that have high potential. Federally Qualified Health Centers have a tool to help identify needs related to social determinants of health. Views were expressed that identifying the needs across communities is almost as difficult and addressing the needs.

There was discussion among roundtable members on whether should be trying to reinvent the brick and mortar facilities of today, and if we should be expanding behavioral health services. Related discussion posed questions regarding any regulatory barriers today that are preventing the reinvention; for example, the definition of a hospital, and If changes in the definition were an option. Further discussion noted we currently pay for the access to care in Iowa and not only for the cost of care in Iowa; this is a rural issue particularly that the workgroup believes should be addressed with the federal Centers for Medicare and Medicaid Services (CMS).

The workgroup considered if a community need a neutral convener to help bring them together, the need for a single process that is payer agnostic without burden stakeholders, the workgroup suggested adoption of a tool, that may not be all encompassing but can be used as a starting point. Roundtable members also discussed the workgroups considerations of measures and the need to control costs because the growth rate in health care costs is not sustainable. Measures potential could include total cost of care (TCOC), potentially preventable readmissions, and potentially preventable ED visits by community across payers, as well as perhaps a return on investment (ROI) measure at the intervention level. Medicaid has a survey that is tying answers to claims expenses and doing some analysis. There was further discussion of the ne need to consider employers in the conversation and the burden on employers with loss of productive and health care costs.

Sharing and Use of Data Workgroup: Laura Jackson reported out for this workgroup. The workgroup considered how to identify the high-need, high-cost population. The workgroup determined a need for a way to freely share data, with the emphasis on a strong governance frame to support the sharing. With such governance in place, no entity would have a “leg-up” and the organizations that use the data sharing would benefit.

There was discussion of legislative /policy barriers to sharing behavioral health data, with comments about how interpretation of the law is also a burden and the variability in what can and cannot be shared across organization due to such interpretation.

The workgroup believes they should start at the point of service improve strategies there and then move to a TCOC management perspective later. However, based on comments from the roundtable, any policy or strategies recommended should recognize that organization are at different points of TCOC management and we can’t pull back or impede progress for those organizations.

Roundtable participants liked the example of ADT data starting at the ED and then advancing to the PCP area, and an HIE without a central repository is the key consideration. The group is working on an asset mapping exercise as part of the recommendations to help organizations limit investing in redundant similar tools.

10:30 – 10:50am: Workgroup Charters and Decision Making

Hemi Tewarson, Director, Health Division, National Governors Association Center for Best Practices, and Lori Coyner facilitated a discussion of workgroup charter and decision making. This discussion included roles of workgroup participants and the process for decision-making within the workgroups. The following recommendations were presented and agreed to by the group:

- A majority of Workgroup members shall constitute a quorum for the transaction of business.
- The Workgroup will conduct its business through discussion, consensus building and informal meeting procedures.
- The Chair or Sponsor may, from time to time, establish procedural processes to assure the orderly, timely and fair conduct of business.
- As a general rule, the Workgroup will conduct its business through discussion and consensus. In cases where consensus cannot be achieved, a vote may be used.
- Use of a vote and its results will be recorded in the meeting minutes. Official recommendations by the Workgroup requires the approval of a majority of members.
- When voting on recommendations or motions, a voice vote for Workgroup members will be used (votes via teleconference or electronic mail are not permitted).
- At the discretion of the Chair, or upon the request of a Workgroup Member, a roll call vote may be conducted. Proxy votes are not permitted. Results from votes will be reported back to the Roundtable.

10:50 – 11:00am: Next Steps

Director Foxhoven thanked the group for their participation and reiterated the call to action for Roundtable members to identify individuals with decision making authority within their respective organizations to participate in Roundtable workgroups and to submit interest in sponsoring a workgroup and volunteers for workgroups to the Department by April 27th.

advancement of workgroup topics that will ultimately lead to a set of recommendations for a sustainable healthcare system in Iowa.